

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000751**

1. Entity Name

CITY STATION LIMITED

Principal Place of Business

**1000 MARINER DRIVE
KEY BISCAYNE FL 33149**

Mailing Address

**1000 MARINER DRIVE
KEY BISCAYNE FL 33149**

2. Principal Place of Business

**1101 BRICKELL AVE
SUITE 402 B
MIAMI, FL**

3. Mailing Address

**P.O. Box 279
SUITE, Apt. #, etc.
KEY BISCAYNE, FL**

City & State

**MIAMI, FL
Zip 33131 Country USA**

City & State

**KEY BISCAYNE, FL
Zip 33149 Country USA**

6. Name and Address of Current Registered Agent

**GOLDMEIER, BARRY S
C/O ADVANCED METRORAIL JOINT DEVELOPMENT
1000 MARINER DRIVE
KEY BISCAYNE FL 33149**

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$101.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P99000016962**
NAME **ADVANCED METRORAIL JOINT DEVELOPMENT CORP**
STREET ADDRESS **1000 MARINER DRIVE**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**600004418986--2
-06/13/01--01110--006
****141.25 ****141.25**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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NAME

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NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/21/01

305-350 9888

Date

Daytime Phone #

0000046

AF

CR2E003 (11/00)

FILED

01 MAY 15 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

65-0862374

MM